

PART B - FEE(S) TRANSMITTAL

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7590

09/11/2003

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Kent E. Genin	(Depositor's name)
<i>[Signature]</i>	(Signature)
December 11, 2003	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/832,269	04/10/2001	Gholam Peyman	3614/174	9454

TITLE OF INVENTION: RETINAL TREATMENT METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$0	\$0	\$0	12/11/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
FAY, ZOHREH A	1614	514-646000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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Brinks Hofer Gilson
& Lione

1 _____
 2 _____
 3 _____

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Optobionics Corporation

Naperville, Illinois

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☐ Issue Fee
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- ☐ Advance Order - # of Copies _____

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